

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |  |                              |
|---|-----------------------------------|--|------------------------------|
| 1 Date of Request: <u>1-10-07</u>                     |                                   | 2 Serial/Patent # <u>5663496</u>       |                              |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER                         | 5 DATE FILED                 |
| <input type="checkbox"/>                              | Filing                            |  | \$                           |
| <input type="checkbox"/>                              | Amendment                         |  | \$                           |
| <input type="checkbox"/>                              | Extension of Time                 |  | \$                           |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |  | \$                           |
| <input checked="" type="checkbox"/>                   | Petition                          | <u>21</u>                              | <u>3/14/06</u> \$ <u>400</u> |
| <input type="checkbox"/>                              | Issue                             |  | \$                           |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |  | \$                           |
| <input type="checkbox"/>                              | Maintenance                       |  | \$                           |
| <input type="checkbox"/>                              | Assignment                        |  | \$                           |
| <input type="checkbox"/>                              | Other                             |  | \$                           |
|   |                                   | 7 TOTAL AMOUNT OF REFUND \$ <u>400</u> |                              |
|   |                                   | 8 TO BE REFUNDED BY:                   |                              |
| 10 REASON:  |                                   | Treasury Check                         |                              |
| <input checked="" type="checkbox"/>                   | Overpayment                       | Credit Deposit A/C #:                  |                              |
| <input type="checkbox"/>                              | Duplicate Payment                 | 9 <u>03</u> -- <u>1952</u>             |                              |
| <input type="checkbox"/>                              | No Fee Due (Explanation):         |  |                              |
| <u>Fee due is \$130</u>                               |                                   |  |                              |
| 11 REFUND REQUESTED BY:                               |                                   |  |                              |
| TYPED/PRINTED NAME: <u>F. Hicks</u>                   |                                   | TITLE: <u>Pat Eng</u>                  |                              |
| SIGNATURE: <u>[Signature]</u>                         |                                   | PHONE: <u>X23218</u>                   |                              |
| OFFICE: <u>4700</u>                                   |                                   |  |                              |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |  |                              |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>1/10/07</u>                   |                              |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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